- 1. **Purpose:** To ensure Marines selected to attend MDE2 are fully qualified.
- 2. **Information:** In order to preclude Marines from being turned away upon arrival, it is necessary that parent commands ensure that their Marines satisfy enrollment prerequisites set forth within this checklist. A failure to satisfy any of the prerequisites on the checklist disqualifies a Marine from attending the course.
- 3. Action: The student will complete the Command Screening Checklist and attach copies of all certificates. Students who fail to produce a Command Screening Checklist with all appropriate signatures/printed names and attached certificates will not be permitted to begin training. If no waivers are required the completed Command Screening Checklist will be hand-carried to the course and maintained in the Marine's student academic record. The checklist will be destroyed upon completion of TAD.
- 4. Waivers: All waivers will be routed through the MSOR and must be received by the MSOS Operations Officer NLT 30 days prior to the course convene date. If a waiver is required the Command Screening Checklist will be forwarded with the waiver request.

#### Privacy Act Statement

This Statement serves to inform you of the purpose of this data collection and to apprise how the collected data will be used. The Privacy Act System of Records Notice that allows for collection of this information is NM01500-2 DON EDUCATION AND TRAINING RECORDS located at http://www.privacy.navy.mil/privacy/noticenumber/NM01500-2.doc. Please read this Statement carefully.

**AUTHORITY:** 10 U.S.C. § 5041, Headquarters U.S. Marine Corps, and E.O. 9397 (SSN)

**PRINCIPAL PURPOSE:** Information is obtained to identify personnel who are assigned as students to the course of instruction.

**ROUTINE USE:** Information collected on this form may be shared outside of the DoD for those specific purposes and listed organizations identified as DoD Blanket Routine Uses at

http://www.defenselink.mil/privacy/dod blanket uses.html.

RETENTION: Automated MCTIMS records are retained permanently.

DISCLOSURE: Providing information on this form, including your Social Security Number, is voluntary. Failure on your part, however, to answer all questions, or any misrepresentation (by omission, concealment, or by misleading, false, or partial answers), may serve as a basis for denied assignment to the course of instruction that you are requesting to attend.

| Last Name:  |                                |                                  |      |       |                | Grade             |  |  |
|-------------|--------------------------------|----------------------------------|------|-------|----------------|-------------------|--|--|
| First Name: |                                |                                  | MI   | :     |                |                   |  |  |
| SSN         | SSN Last four: Unit:           |                                  |      |       |                |                   |  |  |
| MOS:        |                                | ReCall/Contact                   | Phon | ie Ni | umber:         |                   |  |  |
| MARS        | OC Deployme                    | nts:                             |      |       |                |                   |  |  |
|             | Unit                           | I                                | ocat | ion   |                | Year              |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
| Unit        |                                | Location                         |      |       | Year           |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             | Prerequ                        | lisites                          | Yes  | No    | Signature and  | printed name of   |  |  |
|             | 1101040                        | 1101000                          | 100  | 110   | _              | ng personnel      |  |  |
| 1           | Certified by                   | Commander to be                  |      |       | -              |                   |  |  |
|             |                                | idual capable of                 |      |       |                |                   |  |  |
|             | supervising H                  | High Risk                        |      |       | CO.            |                   |  |  |
| 2           | Training GT Score of 1         | I10 or higher                    |      |       | CO             |                   |  |  |
|             | 01 00010 01 1                  | ito of migner                    |      |       | S-3            |                   |  |  |
| 3           | No alcohol ak                  | alcohol abuse or                 |      |       |                |                   |  |  |
|             | disciplinary problems          |                                  |      |       | SACO           |                   |  |  |
| 4           | Secret Clearance verified      |                                  |      |       |                |                   |  |  |
| 4           | JPAS                           |                                  |      |       | S-2            |                   |  |  |
| 5           | MARSOC security badge on hand. |                                  |      |       | 0.0            |                   |  |  |
|             |                                |                                  |      |       | S-2            |                   |  |  |
|             |                                | alified (current to participate  |      |       |                |                   |  |  |
|             | in a challeng                  |                                  |      |       |                |                   |  |  |
| 6           | physical train                 |                                  |      |       | PRINT          |                   |  |  |
|             | Full Duty Sta                  | atus.                            |      |       |                |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             | Medical and I                  | Dental records                   |      |       | IDC OR MEDICAL | OFFICER SIGNATURE |  |  |
| 7           | in hand                        | Jenear records                   |      |       | Med            |                   |  |  |
|             |                                |                                  |      |       |                |                   |  |  |
|             | Capable of ha                  | andling live<br>nd fire arms per |      |       |                |                   |  |  |
|             |                                | rg Amendment to                  |      |       |                |                   |  |  |
| 8           |                                | col Act of 1968                  |      |       |                | PRINT             |  |  |
| 8           | (ALMAR 290/98                  | 8 & MARADMIN                     |      |       |                |                   |  |  |
|             | 186/03).                       |                                  |      |       |                |                   |  |  |
|             |                                |                                  |      |       | SECTIBITY OF   | FICER SIGNATURE   |  |  |
|             | Letter of Tra                  | ansmittal,                       |      |       | DECORTE OF     | TIOUN DIONNII OIN |  |  |
| 9           | current LTI/                   | PFI for all                      |      |       |                |                   |  |  |
|             | serialized ge                  |                                  |      |       | Ops            |                   |  |  |
| 10          | Completed Mar                  | cine Net Class                   |      |       |                |                   |  |  |

|    |                              |          | 000                             |  |  |  |
|----|------------------------------|----------|---------------------------------|--|--|--|
|    |                              |          | Ops                             |  |  |  |
|    | Date Complete:               |          |                                 |  |  |  |
|    | Completed Marine Net Class   |          |                                 |  |  |  |
|    | BISC (BISC-010)              |          |                                 |  |  |  |
| 11 |                              | 1        |                                 |  |  |  |
|    | Date Complete:               |          | Ops                             |  |  |  |
|    | Completed Marine Net Class   |          |                                 |  |  |  |
| 12 | Range Safety (C106120CA)     |          |                                 |  |  |  |
| 12 |                              |          |                                 |  |  |  |
|    | Date Complete:               |          | Ops                             |  |  |  |
| 13 | Certified by Command as RSO. |          |                                 |  |  |  |
|    | RSO card on hand.            |          |                                 |  |  |  |
|    |                              |          | Ops                             |  |  |  |
|    | Meets minimum obligated      |          |                                 |  |  |  |
| 14 | service (1 year) upon        |          | 0.00                            |  |  |  |
|    | completion of school         |          | Ops                             |  |  |  |
|    | Student holds the rank of    |          |                                 |  |  |  |
| 15 | Sergeant or above            |          |                                 |  |  |  |
|    |                              |          | Ops                             |  |  |  |
|    | Student has been a CSO for 2 |          |                                 |  |  |  |
| 15 | years (or Yes on 16)         |          |                                 |  |  |  |
|    |                              |          | Ops                             |  |  |  |
|    | Student has deployed as a    |          |                                 |  |  |  |
| 17 | CSO.                         |          |                                 |  |  |  |
|    |                              |          | Ops                             |  |  |  |
|    | Possesses uniforms and       |          |                                 |  |  |  |
| 18 | equipment listed in course   |          |                                 |  |  |  |
|    | gear list                    |          | Ops                             |  |  |  |
|    | Does the nominee meet the    |          |                                 |  |  |  |
|    | above prerequisites          |          |                                 |  |  |  |
| 19 |                              |          | List Prerequisites Marked No by |  |  |  |
|    |                              |          | number                          |  |  |  |
|    |                              |          |                                 |  |  |  |
|    |                              | the MSOS | S-3 and granted by MSOS CO on a |  |  |  |
| 20 | case by case basis.          |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |
|    | Explosive Experience:        |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |
| 21 |                              |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |
|    |                              |          |                                 |  |  |  |

| Co CO/Ops Chief    | Signature | Date     |
|--------------------|-----------|----------|
| Bn OPS O/Ops Chief | Signature | Date     |
|                    |           |          |
| Bn CO/SqtMaj       | Signature | <br>Date |